

03500.014025



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Jun YOSHIDA, ET AL.) : Examiner: H. Akhavannik
Appln. No.: 09/440,467) : Group Art Unit: 2621
Filed: November 15, 1999) : **RECEIVED**
For: DATA PROCESSING) : OCT 29 2004
APPARATUS AND METHOD,) :
AND STORAGE MEDIUM) :
THEREFOR) :
: Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

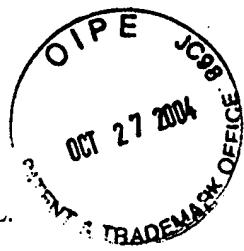
PRELIMINARY AMENDMENT

Sir:

Prior to continued examination on the merits, and in response to the Office Action dated July 27, 2004, the Examiner is respectfully requested to amend the above-identified application as follows.

In re Application of:

JUN YOSHIDA, ET AL.



Docket No.: 03500.014025

Application No.: 09/440,467

Examiner: H. Akhavannik

Filed: November 15, 1999

Group Art Unit: 2621

For: DATA PROCESSING APPARATUS
AND METHOD, AND STORAGE
MEDIUM THEREFOR

Date: October 27, 2004

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Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

Additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5	MINUS	27	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	3	MINUS	15	= 0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$135°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

- Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Brian L. Klock
Registration No. 36,570

FITZPATRICK, CELLA, HARPER & SCINTO
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BLK\mj